## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Osc Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.			
WARNER NORCROSS & JUDD LLP 900 FIFTH THIRD CENTER 111 LYON STREET, N.W. GRAND RAPIDS, MI 49503-2487				Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimila transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Committee (VIII (DC))	WI 43202-2407						(Depositor's name)
			<u> </u>		***************************************		(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
:0/788,875 TITLE OF INVENTION: VI	02/27/2004 BHICLE HOOD ASS	EMBLY	Michael D. Ellerman		61224.	82416-001	7152
APPLN, TYPE	SMALLENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	EFEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	07/06/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			वस भागवासाम् स्था
AVERY, BRIDGET D		3618	180-069200	J			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  1. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unless recondution as set forth in (A) NAME OF ASSIGNE CK Technologs	an assignce is identil 37 CFR 3.11. Compl E es, LLC	ied below, no assignce etion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY Montpelie	nient. If an assign assignment. and STATE OR C ar, Ohio	OUNTRY)		ocument has been filed for
4a. The following fee(s) are s  [2] Issue Fee  [2] Publication Fee (No sn  [3] Advance Order - # of	ubmitted; naff entity discount pe Copies	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by XXXIVAXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
5. Change in Entity Status (  a. Applicant claims SN	IALL ENTITY status	. See 37 CFR 1,27.	☐ b. Applicant is no lon	ger claiming SMAL	L ENTITY	status. Sec 37 CF	R. 1.27(g)(2),
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Authorized Signature	Cer Ke	الما		DateJur			
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